

USDA-RD Form RD 442-7 (Rev. 11-96)		Position 3 <b>OPERATING BUDGET</b>		Form Approved OMB No. 0575-0015	
		Schedule 1			
Name _____		Address _____			
Applicant Fiscal Year		County		State (Including ZIP Code)	
From	To	19	19	19	19
		(1)	(2)	(3)	(4)
					First Full Year (5)
<b>OPERATING INCOME</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. Miscellaneous					
6. Less: Allowances and Deductions	( )	( )	( )	( )	( )
7. Total Operating Income (Add Lines 1 through 6)					
<b>OPERATING EXPENSES</b>					
8. _____					
9. _____					
10. _____					
11. _____					
12. _____					
13. _____					
14. _____					
15. Interest (RD)					
16. Depreciation					
17. Total Operating Expense (Add lines 8 through 16)					
18. NET OPERATING INCOME (LOSS) (Line 7 less 17)					
<b>NONOPERATING INCOME</b>					
19. _____					
20. _____					
21. Total Nonoperating Income (Add Lines 19 and 20)					
22. NET INCOME (LOSS) (Add Lines 18 and 21) (Transfer to Line A, Schedule 2)					

Budget and Projected Cash Flow Approved by Governing Body

Attest: \_\_\_\_\_ Secretary \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Appropriate Official \_\_\_\_\_ Date \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Clearance Officer, STOP 7602, 1400 Independence Avenue, S.W., Washington, D.C. 20250-7602. Please DO NOT RETURN this form to this address. Forward to the local USDA office only. You are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Used by Applicant to record the budget and cash flow for the proposed facility.

**NOTE:** The shaded lines on Schedule 2 may be left blank by certain organizations. Also, see Schedule 2 under **Cash Basis Accounting**.

(see reverse)

PROCEDURE FOR PREPARATION

: RD Instruction 1942-A.

PREPARED BY

: Applicant.

NUMBER OF COPIES

: Original and one copy.

SIGNATURES REQUIRED

: Applicant, Secretary and appropriate official.

DISTRIBUTION OF COPIES

: Original to County Office Case Docket; Copy retained by applicant.

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Schedule 2

## PROJECTED CASH FLOW

	19 ____	19 ____	19 ____	19 ____	First Full Year
A. Line 22 from Schedule 1 Income ( <i>Loss</i> )					
<i>Add</i>					
B. Items in Operations not Requiring Cash:					
1. Depreciation ( <i>Line 16, Schedule 1</i> )					
2. Others: _____					
C. Cash Provided from:					
1. Proceeds from RD loan/grant					
2. Proceeds from others					
3. Increase ( <i>Decrease</i> ) in Accounts Payable, Accruals and other Current Liabilities					
4. Decrease ( <i>Increase</i> ) in Accounts Receivable, Inventories and Other Current Assets ( <i>Exclude Cash</i> )					
5. Other: _____					
6. _____					
D. Total all A, B and C Items					
E. <i>Less:</i> Cash Expended for:					
1. All Construction, Equipment and New Capital Items ( <i>Loan and grant funds</i> )					
2. Replacement and Additions to Existing Property, Plant and Equipment					
3. Principal Payment RD Loan					
4. Principal Payment Other Loans					
5. Other: _____					
6. Total E 1 through 5					
<i>Add</i>					
F. Beginning Cash Balances					
G. Ending Cash Balances ( <i>Total of D minus E 6 plus F</i> )	\$	\$	\$	\$	\$
Item G Cash Balances Composed of:					
Construction Account	\$	\$	\$	\$	\$
Revenue Account					
Debt Payment Account					
O&M Account					
Reserve Account					
Funded Depreciation Account					
Others: _____					
Total - Agrees with Item G	\$	\$	\$	\$	\$

**PAGE 3 OF FORM RD 442-7****Instructions - Operating Budget Schedule 1**

This form is to be prepared by the Applicant and is to include data for each year, from loan closing through the first full year of operation.  
Example: If only two columns are required, use columns four (4) and five (5).

Income and Expense Items:

All data entered should be on the same basis as the Applicant's Accounting records, i.e., cash basis, accrual basis, etc.

Operating Income:

- lines 1-5 List types of income as appropriate  
line 6 — Allowances and Deductions  
*(Pertains generally to Health Care Institutions, and represents the difference between Gross Income and Amounts Received or to be Received from patients and third party payors)*

Operating Expenses:

- lines 8-14 List types of expenses as appropriate  
line 15 — Interest RD  
*(Interest expense incurred on RD note(s))*  
line 16 — Depreciation  
*(Total depreciation expense for the year)*  
line 18 — Net Operating (Loss)  
*(This amount represents the net operating income or loss before adding income not related to operations below)*

Non Operating Income:

- lines 19-20 Indicate items of income derived from sources other than regular activities  
*(Example: interest earned)*  
line 22 — Net Income (Loss)  
*(This amount is also transferred to item A, Schedule 2, Projected Cash Flow Statement)*

**Instructions - Projected Cash Flow, Schedule 2**

This form is used to Project the Flow of Cash by the Applicant for each year, from loan closing through the first full year of operation. Use the same number of columns as used on the Operating Budget, Schedule 1. These Cash Flow Projections are important in determining the adequacy of cash to cover operating expenses, transfers to debt payment, reserve accounts, etc.

Cash Basis Accounting:

Applicants who maintain their records strictly on the cash basis of accounting and have no Accounts Receivable and Accounts Payable, may only need to complete the following line items: A, B-1, C-1, E-1 and E-3, F and G.

Line Item Instructions:

- line A — Bring forward the income or loss as entered on line 22, Schedule 1.  
line B — Add back any depreciation or other non cash items included on Schedule 1, Operating Budget.  
line C — Complete items C-1 through C-6 as appropriate, for item changes which provide for increase in cash balances.  
**NOTE:** Do not include changes in cash Accounts in Current Assets of item C4. Lines C-3 and C4 will indicate the changes in Working Capital (*Current Assets and Current Liabilities, Exclusive of Cash.*)  
line D — Enter the Net Total of all A, B and C items.  
line E — Complete items E-1 through E-6 as appropriate for items for which cash was expended.  
line F — Enter the Beginning Cash Balance(s) for the period.  
line G — The total of item D less E-6 plus F will be the Ending Cash Balance(s). This total will be reconciled by balances in the various accounts, i.e., construction, revenue, debt, etc.